

Registration Form

Parent's Last Name _____ First Name _____ Home Phone _____

Address _____ City _____ State _____ Zip _____

Day Number _____ E-mail address _____ Blue Valley Resident: Yes No

CLASS REGISTRATION (Please Print)							
Code	Participant's Name	Birth Date	Activity Name	Start Date	Days	Time	Fee
263043-01			Punt, Pass & Kick	9/18/10	SAT	9-1	FREE

CONFIRMATIONS ARE NOT SENT. PLEASE KEEP A RECORD OF YOUR ENROLLMENT.

The BVRC prohibits illegal discrimination and is committed to complying with the Americans with Disabilities Act. If you would like to request an accommodation or have any other inquiry regarding this policy, please contact the Administration Manager at (913) 685-6000 (voice) or Kansas Relay Service at (800) 766-3777, Blue Valley Recreation Commission, 6545 W. 151st Street, Overland Park, KS 66223. Please give at least two weeks advanced notice for any requested accommodation.

I understand that the program for which I or my child intends to participate may have some inherent risk of injury because of the activity. As a participant (or on behalf of my child), I agree that the BVRC, the BVSD and their employees and representatives shall not be held responsible for any illness or injury to person or damage to property resulting from my (or my child's) participating in a BVRC program. I further grant permission for the BVRC to use my (or my child's) photo or video for promotional purposes. This waiver and agreement shall be valid for 365 days from date of execution. Registration is not valid without signature. Parents must sign for children 18 and under entering a program. Please specifically list any allergies: _____

Parent/Participant/Guardian _____ Date _____ **Use this form to phone, fax or mail with payment to: Blue Valley Recreation Commission 6545 W. 151st St., Overland Park, Kansas 66223 Ph 913-685-6000, Fax 913-685-6061**

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